



N 09/438,676

21/E
DL
8-27-03
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	BLACH ET AL.	Examiner:	G. DAWSON
Serial No.:	09/438,676	Group Art Unit:	3761
Filed:	NOVEMBER 12, 1999	Docket No.:	12460.1USC4
Title:	NASAL SUPPORT DEVICE FOR DOMESTIC MAMMALS AND METHOD		

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited in the United States Postal Service, as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 18, 2003.

By:
Name:

Kristine Blum
Kristine Blum

AMENDMENT AND RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

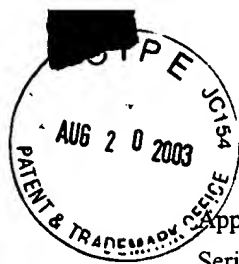
Dear Sir:

This Response is submitted in reply to the Office Action dated May 20, 2003. In view of the following amendments and response, Applicants respectfully request favorable reconsideration of this application.

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

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AUG 21 2003
TC 3700 MAIL ROOM



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: BLACH ET AL. Examiner: G. DAWSON
Serial No.: 09/438,676 Group Art Unit: 3761
Filed: NOVEMBER 12, 1999 Docket: 12460.1USC4
Confirmation No.: 9726
Due Date: AUGUST 20, 2003
Title: NASAL SUPPORT DEVICE FOR DOMESTIC MAMMALS AND METHOD

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 18, 2003.

By: 

Name: Kristine A. Wallace

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
☒ Amendment and Response
The fee has been calculated as shown below in the "Claims as Amended" table
☒ Small entity status has been previously established
☒ Check(s) in the amount of \$27.00 for Extra claims fee
☒ Return postcard

RECEIVED
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CLAIMS AS AMENDED

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
36	-	33	=	3	x	9.00	=	\$27.00
Independent Claims								
5	-	5	=	0	x	42.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								\$27.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.
P.O. Box 2903, Minneapolis, MN 55402-0903
612.332.5300

By: 

Name: Karen A. Fitzsimmons

Reg. No.: 50,470

KFitzsimmons:PSTkaw



(PTO TRANSMITTAL - GENERAL)